

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 4, 1981

ALL-COUNTY LETTER NO. 81-121

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED CHILD PROTECTIVE SERVICES QUARTERLY REPORT (SOC 291)

REFERENCE: ACL 81-10 AND ACL 80-36


The Child Protective Services Quarterly Report, SOC 291, has been revised to incorporate data on emergency responses to referrals of child abuse cases and on emergency shelter care placement of children accepted for Child Protective Services. In addition, other minor modifications have been made to the form in order to collect more specific data.

Reporting on the revised form is to begin with the January-March, 1982, report quarter. Therefore, beginning with the January, 1982, report month, counties will no longer be required to submit the 24-Hour Emergency Response Monthly Report, Temp 1343.

Copies of the revised SOC 291 form, the revised instructions, and revised Form SOC 164 (Worksheet for Individual Report) are attached. The instructions will be included in MPP Division 26 Manual by the end of this calendar year. Copies of the revised forms may be ordered from the State DSS Warehouse. However, only a small supply will be available by the end of December. Therefore, your initial order should be for the minimum number of forms necessary for the first report quarter.

If you have any questions regarding these reporting requirements, please call Marjorie Freer at (916) 323-2333 or (ATSS) 473-2333.

Sincerely,


JAMES H. GOMEZ
Deputy Director
Administration Division

Attachments

cc: CWDA

GEN 654 (7/78)

26-518 REPORT ON CHILD PROTECTIVE SERVICES (FORM SOC 291)

26-518

26-518.01 CONTENT

26-518.01

Form SOC 291, Report on Child Protective Services, is designed to gather selected quarterly information on protective services extended to children. The report describes significant aspects of the intake process, the nature of services provided, the reasons for discontinuing services, the usual information on the movement of cases, and selected data on emergency responses. All counties are required to submit the completed report to the Department of Social Services.

26-518.02 PURPOSE

26-518.02

The data will be summarized and will provide the basis for reports to the Legislature. It will also provide information to administrative and program personnel within the State Department of Social Services, county welfare departments, and other interested agencies and persons.

26-518.03 DISTRIBUTION

26-518.03

Annual reports to the Legislature are required by Chapter 5, Part 4, Division 9 of the Welfare and Institutions Code. Beyond this, summaries of the information will be made available to county welfare departments and other interested parties on request.

26-518.04 DUE DATE

26-518.04

Quarterly reports are to be received in Sacramento on or before the last working day of the month following the report quarter. If there were no Child Protective Service cases active during the report quarter, indicate that fact on the report form. Submit one copy of the completed report to:

State Department of Social Services
Statistical Services Branch
744 P Street, Mail Station 12-81
Sacramento, CA 95814

26-518.05 REPORT FORMAT

26-518.05

The Child Protective Services Report (SOC 291) consists of three sections. Section I collects information relating to intake and activity of all child protective services referrals, including selected information regarding emergency responses. Section II provides information on caseload movement and supportive services provided to children receiving protective services. Section III collects information on children removed from their homes to emergency shelter care.

26-518.10 INSTRUCTIONS FOR FORM SOC 291

26-518.10

26-518.20 SECTION I. REFERRAL ACTIVITY

26-518.20

PART A. Referral Movement

Report family counts and service children counts.

Column Instructions:

Column 1: Families - Any unit that functions as a family should be counted as a family. "Family" should not be narrowly construed to mean only the common nuclear family typifying our society.

Column 2: Service children - Children in referred families who were named in the referral or whose need for protective intervention services was apparent to the social worker at the time of the initial visit. Report the larger of the two numbers.

Item Instructions:

Item 1. Pending from Preceding Quarter - Report the number of families and children referred for service in earlier quarters and awaiting acceptance or rejection at the beginning of the current report quarter.

This number should be the same as reported in Item 5 of the preceding quarter's report. If there is a discrepancy, it should be explained in a footnote on Page 3 of the form.

Item 2. Received During Current Quarter - Report the total number of families and children referred for service during the current report quarter. This includes all child abuse reports made to the county welfare department pursuant to Penal Code Sections 11165, et seq.

If the family is referred by more than one source, count the family only once. However, if the family was receiving service and the service was terminated in the current quarter and the family was re-referred, count this as a new referral. This might happen several times during the report quarter.

A family is considered as referred whenever the family is brought to the attention of the welfare department because a person believes a child (or children) in the family is in need of protection.

Cases transferred from another child welfare services program, whether from the reporting county or another county, are not to be counted as referrals. However, these cases are to be counted as caseload in Section II, Part A, Item 3, "Cases transferred in during the quarter".

Item 3. Total Active During Quarter - Add the entries for Item 1 and 2, above.

Item 4. Disposed of During Quarter - Enter the counts of families and children which moved out of referral status during the quarter, either by being accepted for service or by being rejected. This entry will equal the sum of the entries in Items 4a and 4b.

4a. Accepted - Count all referred families and children which were accepted for service during the report quarter, whether or not any service was actually given during the quarter. (This count will be the same as the count entered in Section II, Part A, Item 2 of this report.)

Referrals are accepted when the social worker, after meeting with the family (or child, if the family cannot be located), believes that a need for protective service intervention existed at the beginning of the visit.

4b. Rejected - Count all referred families and children where a decision was made to reject the referral during the report quarter.

Item 5. Pending at End of Quarter - Enter the counts of families and children still in referral status (neither accepted nor rejected) at the end of the quarter. These numbers will become the entries for Item 1 of the following quarter's report. (Item 3 minus Item 4 equals Item 5.)

PART B. Source of Referral

Enter the count of referrals received from all sources. Only one source of referral for each referred family is acceptable. Report the source at which the referral originated, and not the intermediaries, if any.

Item Instructions:

Total. Enter the same number of family referrals entered in Part A, Column 1, Item 2. This number should also equal the sum of Items 1 through 14, below.

Item 1. Self-Referral (Sum of a. plus b., below)

a. Child - Enter the number of referrals received from a child who is or fears he/she will be endangered or harmed.

b. Parent/caretaker - Enter the number of referrals from parents/caretakers who fear they will harm their children.

- Item 2. Other Member of Referred Family (in residence) - Enter the number of referrals received from any member of the family unit, adult or child, living in the home at the time of referral, other than parent/caretaker or endangered child.
- Item 3. Absent Parent - Enter the number of referrals received from a parent not living in the home at the time of the referral. This should include any referral from such a parent, regardless of the legal status of the marriage or the duration of absence from the house.
- Item 4. Other Relative, Not in Residence - Enter the number of referrals received from a member (excluding parent) of the immediate or extended family not living in the home at the time of referral.
- Item 5. Neighbor - Self-explanatory
- Item 6. Welfare Department Non-Child Welfare Staff - Enter the number of referrals received from welfare department staff other than Child Welfare staff. This would include referrals from IHSS staff, Income Maintenance staff, etc.
- Item 7. Probation Department - Self-explanatory
- Item 8. Law Enforcement Agency - All referrals from law enforcement (even if they take no action) are to be counted in this item.
- Item 9. School - Self-explanatory
- Item 10. Public Health Nurse - Self-explanatory
- Item 11. Day Care Facility - Self-explanatory
- Item 12. Physician or Hospital - Self-explanatory
- Item 13. Anonymous - Enter the number of referrals received from persons who do not reveal their identities because of an implied or expressed desire to remain anonymous.
- Item 14. All Other or Unknown - Enter the number of referrals received from sources other than those identified by Items 1 through 13 and referrals for which the agency is unable to determine a source. Identify source of "Others" in Comment section of form.

PART C. Reason for Referral of Accepted Cases

This part includes only those cases accepted for service during this quarter.

Since the reason given by the person referring a case may not be explicit or may not state the most important problem, the reason for referral must be determined and reported by the social worker assigned to the case.

In this part, only one reason for referral is acceptable for each accepted case.

A count for a case should be entered in the item that describes the principal cause of referral that occurred in the case.

Item Instructions:

Total: Enter the number of families entered in Part A, Item 4.a., Column 1. This number should be the same as the sum of Items 1 through 7, below. (Definitions are the same as those used for the Foster Care Information System.)

- Item 1. Sexual Assault - Means the victimization of a child by sexual activities. These activities include but are not limited to molestation, indecent exposure, fondling, rape and incest.
- Item 2. Physical Abuse - Means a physical injury which is inflicted by other than accidental means on a child by a caretaker or other individual living at the same residence of child. Physical abuse includes willful cruelty, unjustifiable punishment, and corporal punishment/injury to a child.
- Item 3. Exploitation - Act of Forcing or coercing a child into performing activities for the benefit of the caretaker which are beyond the child's capabilities or capacities or which are illegal or degrading. Includes forcing workloads on a child in or outside the home so as to interfere with the health, education and well-being of the child.
- Item 4. Neglect - An act or omission by caretaker to provide for a child's basic needs and proper level of care with respect to food, clothing, shelter, hygiene, medical attention, or supervision.
- Item 5. Caretaker Absence or Incapacity - Absence of caretaker due to hospitalization, incarceration or death, incapacity of caretaker to provide adequate care for the child due to physical or emotional illness, disabling condition, or compulsive use of alcohol or narcotics.
- Item 6. Child's Disability/Handicap - The child has special care and/or supervision needs resulting from one or more of the following: developmental disability, mental/emotional disorder, learning disability, hearing, speech or sight impairment, physical disability, or other disability or handicap. These needs cannot be met by provision of services in the child's own home.
- Item 7. Other - Circumstances which are not described by the above categories, but which necessitate protective services intervention. Describe the reasons for these referrals in the Comment section of the form.

PART D. Emergency Responses

Emergency Response means immediate, without delay, face-to-face contact with a child and/or his parent/caretaker as defined in MPP 30-113.1.

Column 1. Enter the number of families who received emergency responses during the quarter.

Column 2. Enter the number of children named in the referrals, or those which the social worker considered in need of service at the time of the visit. Enter whichever number is greater.

Item Instructions:

Total Emergency Responses Provided - Enter the total number of emergency responses provided by social workers during the quarter (sum of 1 plus 2).

1. Weekdays (excluding holidays) - The hours of the day are broken into two time periods. Enter the number of emergency responses provided during each time period. Do not include responses made when the weekday is a holiday for all county staff (sum of a. plus b.).
2. Weekends and holidays - Enter the total number of responses provided on weekends and holidays.

PART E. Reason for Rejection of Referrals

This part reports the number of referrals rejected during the quarter, as well as the reason for non-acceptance.

Column Instructions:

Column 1. Family Cases - Enter the number of referred families rejected for service during the quarter.

Column 2. Service Children - Enter the number of children named in the referrals which were rejected for service during the quarter.

Item Instructions:

Total Referrals Rejected During Quarter - Enter the total number of referrals not accepted for service this quarter. The entry in Column 1 will be the same number entered in Part A, Item 4.b., Column 1. The entry in Column 2 will be the same as the number entered in Part A, Item 4.b., Column 2 (also sum of 1 through 8, below).

- Item 1. Insufficient Staff Resources - Enter only the number of cases which have been denied service because staff is unavailable.
- Item 2. Child no Longer in Danger - Enter the number of cases in which it was reasonable to assume that a need for service did exist but the situation was remedied, with or without the action of any official body, before the reporting agency accepted responsibility for the case.
- Item 3. Referred to Another Agency (or Unit) - Self-explanatory. Item 3 is the sum of sub-items a. through f. Enter the appropriate counts in sub-items a. through f.
- Item 4. Unable to Locate - Include all cases in which referrants misstated name, addresses or other information, preventing location, as well as cases with which contact was lost between the time of referral and any official action.
- Item 5. No Demonstrable Danger to Child - Enter the number of cases for which referrals were made on unfounded or insubstantial evidence.
- Item 6. Already Being Served - Enter all cases in which a necessary service is already being provided by another official agency or another unit within the welfare department.
- Item 7. Resides Outside County and Referred to County of Residence - Self-explanatory.
- Item 8. Other - Enter the number of cases to which none of the reasons listed in Items 1 through 7 apply. Item 8 is not intended to be a catch-all category and should be used only if Items 1 through 7 do not clearly define the primary reason for rejection. Describe "Others" in the Comment section of the form.

26-518.30 SECTION II. TOTAL CPS CASELOAD ACTIVITY
(Cases accepted for services)

26-518.30

PART A. Caseload Movement

This part provides counts of families and children accepted for service, receiving service, and discontinued from service during the quarter.

Column Instructions:

- Column 1. Family Cases - Report the families which were active child protective services cases at any time during this quarter. Any unit exhibiting the properties of a familial structure is a case for purposes of this report.

Column 2. Service Children - Report the number of children in these families who require protection.

Item Instructions:

- Item 1. On Hand, Beginning of Quarter - Enter the total number of cases in protective services caseloads on the first day of the report quarter. If this is different from the entry in Item 6 of the preceding quarter's report, explain why in a footnote on page 3 of the report form.
- Item 2. Referrals Accepted During Quarter - Enter the total of sub-items a. and b., below. (Same as Section I, Part A, Item 4.a.). (Do not include cases transferred in.)
- 2a. Public assistance cases. Enter the number of cases in which the family receives an AFDC cash grant or AFDC-linked medically needy only (MNO), or a service child receives SSI/SSP.
- 2b. Nonpublic assistance cases. Enter the number of all other cases.
- Item 3. Cases Transferred in During Quarter - Enter the number of cases transferred from other child welfare programs in this county (usually from Out-of-Home Care for Children) and from other counties' child welfare programs (usually inter-county transfers of in-home dependents).
- Item 4. Total - Sum of 1 plus 2, plus 3, above.
- Item 5. Cases Discontinued During Quarter - Enter the number of cases that had received service (whether during the report quarter or earlier) and were discontinued during the report quarter. A family case is discontinued when all protective services to children in the home have been concluded. (See Part C, below, for further details on counting discontinued cases.) In Sub-items 5.a. through 5.e., enter the length of time the case received services; that is, the length of time between the date of referral and the date services were discontinued.
- Item 6. Cases on Hand, End of Quarter - Item 4 minus Item 5. (The actual count of cases on hand.)
- Item 7. In-Home Court Dependents on Hand, End of Quarter - In Column 2, enter the number of in-home court dependents in the cases on hand at end of quarter. (No entry is to be made in Column 1.)

PART B. Provision of Services

Supportive Services provided.

This part reports the number of children affected by each of the listed preventive or remedial services. This count is not an unduplicated count. Enter as many of the itemized services in Part B as were provided, but make only one entry in any given sub-item for any particular child.

Example: The family has two children, both of whom are considered to be in need of protection. During the quarter, one of the children spent six days in emergency shelter care, the family was visited four times by a teaching homemaker, and the parents attended eight Parents Anonymous meetings. Because one child received emergency shelter care, one child would be counted under "Emergency Shelter Care". Because both children benefit from the teaching homemaker services and parents participating in Parents Anonymous, two children would be counted under "Teaching Homemaker" and "Self-help Group". Do not report activity that is conducted only for the purposes of investigation. Do not report services provided to families after CPS has been discontinued; e.g., if a volunteer is working with a family receiving Out-of-Home Care services, this activity should not be reported here.

Item Instructions:

Enter the appropriate count for each designated item. Then enter the total sum of Items 1 through 16 in the space provided.

- Item 1. Emergency Caretaker - Refer to MPP 30-106.21.
- Item 2. Teaching and Demonstrating Homemaker - Refer to MPP 30-102.11.
- Item 3. Respite Care - Refer to MPP 10-010.9.
- Item 4. Follow-up Treatment (Counseling) - Refer to MPP 30-101.6.
- Item 5. Emergency Shelter Care - Refer to MPP 30-106.22.
- Item 6. Multi-Disciplinary Teams - Refer to MPP 30-102.7.
- Item 7. Volunteers - Self-explanatory
- Item 8. Case Aide - Self-explanatory
- Item 9. Public Health Nursing - Self-explanatory
- Item 10. Non-Psychiatric Medical Services - Include any physical medical services provided in response to abuse or neglect problem. Do not include public health nursing services (see Item 9) or psychiatric services (see Items 11 & 12).

- Item 11. Community Mental Health Services - Self-explanatory
- Item 12. Private Mental Health Provider - Self-explanatory
- Item 13. Specialized Child Abuse/Neglect Treatment Program - Professionally-led treatment programs outside of the county welfare department established specifically to resolve problems of child abuse and neglect (refer to MPP 30-102.9).
- Item 14. Self-Help Group - Groups of persons with common problems who share concerns and experiences in an effort to provide mutual help to one another. The groups are generally led by peers, rather than professionals (e.g., Parents Anonymous, Daughters United, etc.).
- Item 15. Schools - Self-explanatory
- Item 16. Other - Describe "Others" in Comment section of this form.

PART C. Reason for Discontinuance of Services

This part describes the principal reason in-home services to the family were discontinued. It reports only by family and only on cases that have been accepted for services. That is, it does not report on referrals that were not accepted for services. Only the principal reason services were discontinued should be reported.

Services are considered to be discontinued when:(1) the case is closed because further child welfare services are no longer necessary or possible; or,(2) when the case is transferred, at least for claiming purposes, from protective services to out-of-home services. A child in emergency shelter care is considered to be receiving protective services and does not cause a case to be discontinued.

In cases where there are several children with different case resolutions, the resolution for the last child in the home should be considered the reason for discontinuance. The case is not counted as discontinued as long as one child in the home is receiving in-home services.

Examples:

1. There are two children in the family. One of the children is placed in foster care while the other child remains in the home. Services are provided to support this in-home arrangement for three months and then are discontinued because this child is no longer at risk. Although the other child continued to receive out-of-home care services, the reason for discontinuance is "Children remain in the home - family situation stabilized".
2. The family consists of two children. One is placed in foster care and the second remains in-home for two months and is then also placed in out-of-home care. The reason for discontinuance is "Children placed in out-of-home care".

Item Instructions:

Total number of cases discontinued during the quarter. Same number as reported in Part A, Item 5, Column 1, above. Also, the sum of Items 1 through 5, below.

Items 1 through 5. Self-explanatory - Enter the appropriate count for each item.

26-518.40 SECTION III. EMERGENCY SHELTER CARE PLACEMENTS OF CHILDREN REMOVED FROM HOME

26-518.40

Section III reports the number of children removed from their homes and placed in emergency shelter care during the quarter. It also provides data on the type of facility providing the care and whether the removal was voluntary or involuntary.

Item Instructions:

- Item 1. Total Number of Children Removed from Home This Quarter - Enter the number of children removed to emergency shelter care from their homes. This is a count of removals; therefore, a child removed more than once is counted more than once.
- Item 2. Removal to: Enter the total from Item 1. In each sub-item, enter the number of children placed in each type of facility listed. The sum of sub-items a. through d. must equal the total for this item.
- Item 3. Type of Removal - Enter the number shown in Item 1, above (also sum of a. plus b.).
- a. Voluntary - Enter the number of children whose parent or guardian gave consent to the removal and placement of child, and the child is not detained as described in W & I Code 305 or 306.
 - b. Involuntarily - Enter the number of children who were removed from homes and taken into temporary custody with or without a warrant as described in W & I Code 305 or 306.

26-518.90 FORM SOC 291 AND WORKSHEET SOC 164

26-518.90

Section 26-518.90 includes Form SOC 291, the Quarterly Report on Child Protective Services, and Form 164, the Worksheet for individual report on Child Protective Services.

Form SOC 291

At the top of Page 1 of the SOC 291, fill in the name of the county and the month and year the report quarter ended. Show the figures required for each item on the form. If there is nothing to report on an item, enter "0". Do not leave any lines blank.

Form SOC 164

Form SOC 164 is a worksheet to help counties meet the requirement of a quarterly report on child protective services. The principal purpose of Form SOC 164 is to enable counties to collect, in a uniform format on an ongoing basis, data required in summary form on the Report of Child Protective Services, Form SOC 291.

The items correspond to items on Form SOC 291 and are defined exactly as they are in Manual Section 26-518.

Send one copy to:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BRANCH
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814**CHILD PROTECTIVE SERVICES:
QUARTERLY REPORT ON REFERRALS
AND CASELOAD ACTIVITY**

COUNTY _____

QUARTER ENDED _____

19____

SECTION I — REFERRAL ACTIVITY**PART A — REFERRAL MOVEMENT**

	(1) FAMILIES	(2) SERVICE CHILDREN
1. Pending from preceding quarter ^{1/}	_____	_____
2. Received during current quarter	_____	_____
3. Total active during quarter (Sum of Items 1 and 2)	_____	_____
4. Disposed of during quarter (Sum of Items 4a and 4b)	_____	_____
a. Accepted	_____	_____
b. Rejected	_____	_____
5. Pending at end of quarter (Item 3 minus Item 4)	_____	_____

PART B — SOURCE OF REFERRAL**NUMBER OF
REFERRALS****TOTAL (Sum of 1 through 14)**

(Same as A2, Col. 1)

- | | |
|--|-------|
| 1. Self-referral (Sum of a + b) | _____ |
| a. Child | _____ |
| b. Parent/Caretaker | _____ |
| 2. Other member of referred family
(in residence) | _____ |
| 3. Absent parent | _____ |
| 4. Other relative, not in residence | _____ |
| 5. Neighbor | _____ |
| 6. Welfare Department Non-Child
Welfare Staff | _____ |
| 7. Probation department | _____ |
| 8. Law enforcement agency | _____ |
| 9. School | _____ |
| 10. Public health nurse | _____ |
| 11. Day care facility | _____ |
| 12. Physician or hospital | _____ |
| 13. Anonymous | _____ |
| 14. All other or unknown (specify) | _____ |

**PART C — REASON FOR REFERRAL
OF ACCEPTED CASES****NUMBER OF
REFERRALS****TOTAL (Sum of 1 through 7)**

(Same as A4.a, Col. 1)

- | | |
|--|-------|
| 1. Sexual assault | _____ |
| 2. Physical abuse | _____ |
| 3. Exploitation | _____ |
| 4. Neglect | _____ |
| 5. Caretaker absence or incapacity | _____ |
| 6. Child's disability or handicap | _____ |
| 7. Other (specify) | _____ |

**PART D — EMERGENCY
RESPONSES****FAMILIES
(1)****CHILD
(2)****TOTAL EMERGENCY RESPONSES
Provided during quarter**

(Sum of 1 + 2)

- | | | |
|--|-------|-------|
| 1. Weekdays (Excluding Holidays)
(Sum of a + b) | _____ | _____ |
| a. 8:00 a.m. to 5:00 p.m. | _____ | _____ |
| b. 5:01 p.m. to 7:59 a.m. | _____ | _____ |
| 2. Weekends and holidays | _____ | _____ |

PART E — REASON FOR REJECTION OF REFERRALS**(1)
FAMILIES****(2)
SERVICE CHILDREN****TOTAL REFERRALS REJECTED DURING QUARTER**

(Sum of 1 through 8) (Same as A.4.b.)

- | | | |
|--|-------|-------|
| 1. Insufficient staff resources | _____ | _____ |
| 2. Child no longer in danger | _____ | _____ |
| 3. Referred to another agency (or unit) (Sum of 3a through 3f) | _____ | _____ |
| a. Probation | _____ | _____ |
| b. Law enforcement | _____ | _____ |
| c. Public health | _____ | _____ |
| d. Welfare | _____ | _____ |
| e. Other public agency | _____ | _____ |
| f. Other private agency | _____ | _____ |
| 4. Unable to locate | _____ | _____ |
| 5. No demonstrable danger to child | _____ | _____ |
| 6. Already being served | _____ | _____ |
| 7. Resides outside county and referred to county of residence | _____ | _____ |
| 8. Other (specify) | _____ | _____ |

1/ If not the same as Item 5 of preceding quarter's report, explain in comments section on Page 3.

REFERENCE 26-51

SECTION II — TOTAL CPS CASELOAD ACTIVITY (Cases accepted for service)

PART A — CASELOAD MOVEMENT	(1) FAMILY CASES	(2) SERVICE CHILDREN
1. On hand, beginning of quarter ^{1/}		
2. Referrals accepted during quarter (same as I A.4.a) (Sum of a + b)		
a. Public Assistance cases		
b. Non Public Assistance cases		
3. Cases transferred in during quarter		
4. Total (Sum of 1, 2 and 3 above)		
5. Cases discontinued during quarter (Sum of 5a — 5e below)		
a. Open less than 1 month		
b. Open 1 — 3 months		
c. Open 4 — 6 months		
d. Open 7 months — 1 year		
e. Open over 1 year		
6. On hand, end of quarter (Item 4 minus Item 5)	XXXXXXXXXXXX	
7. In-Home court dependents on hand end of quarter		

PART B — PROVISION OF SERVICES

	NUMBER OF CHILDREN RECEIVING SERVICES FROM COUNTY WELFARE DEPARTMENT
TOTAL SUPPORTIVE SERVICES PROVIDED (Sum of 1 — 16)	
1. Emergency care taker	
2. Teaching and demonstrating homemaker	
3. Respite care	
4. Follow-up treatment services (counseling)	
5. Emergency shelter care	
6. Multi-disciplinary teams	
7. Volunteers	
8. Case aide	
9. Public health nursing	
10. Non-psychiatric medical services	
11. Community mental health services	
12. Private mental health provider	
13. Specialized child abuse/neglect treatment program	
14. Self-help group	
15. Schools	
16. Other (specify)	

PART C — REASON FOR DISCONTINUANCE OF SERVICES

	NUMBER OF CASES (FAMILIES)
TOTAL NUMBER OF CASES DISCONTINUED DURING QUARTER (Same as entry in Item A-5, Column 1, above)	
1. Children placed in out-of-home care	
2. Children remain in the home (Sum of a through d)	
a. Family situation stabilized — Further services not required	
b. Further services to be provided by another (Non CWD) agency	
c. Family situation not improved	
d. Family would not accept voluntary services (Sum of (1) through (4))	
(1) W & I Code Section 300 action not warranted	
(2) Court did not find child to be dependent	
(3) Case referred to probation for W & I Code Section 300 action	
(4) Case referred to probation for other action (e.g., 601 or 602)	
3. Family moved out of county (Sum of a + b)	
a. Case transferred to new county	
b. Case not transferred	
4. Contact lost with family	
5. Other	

^{1/} If different from the entry in Item 6 of the last quarterly report, explain in comments section on Page 3.

SECTION III — EMERGENCY SHELTER CARE PLACEMENTS OF CHILDREN REMOVED FROM HOME

1. Total number of children removed from home this quarter	_____
2. Removal to (<i>Sum of a through f must equal Item 1</i>)	_____
a. Relative's home	_____
b. County operated shelter	_____
c. Other group home	_____
d. Foster home	_____
e. Hospital	_____
f. Other (<i>specify</i>)	_____
3. Type of removal (<i>Sum of a and b must equal Item 1</i>)	_____
a. Voluntary	_____
b. Involuntary	_____

COMMENTS:

PERSON TO CONTACT REGARDING THIS REPORT

BUSINESS TELEPHONE

DATE

WORKSHEET FOR INDIVIDUAL REPORT ON CHILD PROTECTIVE SERVICE**A. IDENTIFYING INFORMATION**

1. FAMILY SURNAME		2. CASE NUMBER	
3. CROSS REFERENCE NAME		4. CROSS REFERENCE NUMBER	
5. PUBLIC ASSISTANCE STATUS: <input type="checkbox"/> RECIPIENT <input type="checkbox"/> NON-RECIPIENT		6. NUMBER OF CHILDREN AT RISK IN THE FAMILY	7. TYPE OF INTAKE <input type="checkbox"/> REFERRAL <input type="checkbox"/> TRANSFER IN
8. DATE RECEIVED			

B. REFERRAL INFORMATION (If "Transfer In" proceed to Section C)

1. Source of Referral (Check One) a. Self-referral 1. Child 2. Parent/Caretaker b. Other member of referred family (in residence) c. Absent parent d. Other relative (not in residence) e. Neighbor f. Welfare Department Non-child Welfare Staff g. Probation department h. Law enforcement agency i. School j. Public health nurse k. Daycare facility l. Physician or hospital m. Anonymous n. All other or unknown	4. Principal reason for referral of accepted cases (Check One) a. Sexual assault b. Physical abuse c. Exploitation d. Neglect e. Caretaker absence or incapacity f. Child's disability/handicap g. Other (specify) 5. Reason for rejection of referral (Check One) a. Insufficient staff resources b. Child no longer in danger c. Referred to another agency (or unit) 1. Probation 2. Law enforcement 3. Public health 4. Welfare 5. Other public agency 6. Other private agency d. Unable to locate e. No demonstrable danger to child f. Already being served g. Resides outside county and referred to county of residence h. Other (specify)
2. Disposition of referral a. Accepted _____ Date _____ b. Rejected _____ Date _____	
3. Dependency a. Number of children made dependent b. Date of dispositional hearing	

C. PROVISION OF SERVICES

Supportive services—ancillary to primary casework given:

1. Emergency caretaker 2. Teaching and demonstrating homemaker 3. Respite care 4. Follow-up treatment services (counseling) 5. Emergency shelter care 6. Multi-disciplinary teams 7. Volunteers 8. Case aide	9. Public health nursing 10. Non-psychiatric medical services 11. Community mental health services 12. Private mental health provider 13. Specialized child abuse/neglect treatment program 14. Self help group 15. Schools 16. Other (specify)
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D. DISCONTINUANCE OF SERVICES

1. Date discontinued	
2. Number of months open	
3. Reason for discontinuance (Check One)	
a. Children placed in out-of-home care b. Children remain in the home 1. Family situation stabilized-further services not required 2. Further services to be provided by another (non CWD) agency 3. Family situation not improved 4. Family would not accept voluntary services a. W & I Code Section 300 action not warranted b. Court did not find child to be dependent c. Case referred to probation for W & I Code Section 300 action d. Case referred to probation for other action (e.g., 601 of 602)	c. Family moved out of county 1. Case transferred - New county 2. Case not transferred d. Contact lost with family e. Other

ER ACTIVITY

1. Emergency response provided..... ☐ Yes ☐ No

TIME

- a. Weekdays (excluding holidays) 8:00 a.m. to 5:00 p.m.
- b. Weekdays (excluding holidays) 5:01 p.m. to 7:59 p.m.
- c. Weekends and holidays.....

2. Emergency shelter care placement

CHILDREN REMOVED FROM HOME

1. Total removed
2. Removal to (Sum of a through f must equal Item 1)
- a. Relative's home
- b. County operated shelter
- c. Other group home
- d. Foster home
- e. Hospital
- f. Other (specify)
3. Type of removal (sum of a and b must equal Item 1)
- a. Voluntary
- b. Involuntary

F. REMARKS

Enter any additional information which you believe will help in understanding this case.